

REFERENCE: NON ACCIDENTAL MOTOR VEHICLE FIRE REPORT

NAME

ADDRESS

CITY/STATE / ZIP

Dear _____

A motor vehicle registered to you, a _____ ,
(Vehicle Description, including License Number and VIN)

was involved in a fire in our jurisdiction on _____. Investigation of this incident has
(Date of Fire)

determined that the cause of this fire may not be accidental. Public Act 413 of 2000 states that the person who is named as the insured on the automobile insurance policy for this vehicle must

contact _____ , at _____
(Name) (Phone Number)

and complete the Non-Accidental Motor Vehicle Fire Report. The Act states that the automobile insurer shall not pay a claim of \$2,000 or more for loss or damage caused by fire or explosion to an insured motor vehicle until a report has been submitted and the insurer has received from the insured a copy of the report. If this vehicle is registered to you but you are not the insured please contact our office and advise the name, address and phone number of the insured so that our office may contact them. Please bring your vehicle title and insurance information, if available, to assist you in the completion of the required form. If you have questions about this process, you

may contact _____ , at _____
(Name) (Phone Number)

Thank you for your assistance in this matter.

Sincerely,

Name
Insurer / Fire / Law Enforcement
Authority